

## MEMBERSHIP APPLICATION

Please complete this 3-page application form (personal info/FYI/liability waiver with signature), and mail it to Douglas County Sheriff's Mounted Posse, P.O. Box 1894, Minden, NV 89423. A check payable to DCSMP for \$35 must accompany this application.

**NAME:** \_\_\_\_\_

**AKA's:** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**HEIGHT/WEIGHT** \_\_\_\_\_ **HAIR/EYES** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER/STATE:** \_\_\_\_\_

**ADDRESS: Physical and Mailing** \_\_\_\_\_

\_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**EMPLOYER'S ADDRESS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

*Have you been convicted of an offense other than minor traffic?* \_\_\_\_ *Yes* \_\_\_\_ *No*

**If yes, for what offense:** \_\_\_\_\_ **When** \_\_\_\_\_ **Where** \_\_\_\_\_

**Briefly explain your interest in the Posse and desire to donate time.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Person to be contacted in case of emergency:**

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**For Your Information:**

1. You will be given an oral interview prior to acceptance into the Posse.
2. As a new member, you will be on a probationary status, commencing with the successful completion of the oral interview, for six months, which allows us to assess your participation in meetings (second Wednesday of each month) and Posse activities. You may join any of the Specialized Units (Parade, Search and Rescue, etc.) and participate in monthly training. A probationary member is not eligible to vote.
3. You will be required to have or purchase the following uniform: White long sleeve shirt with logo, dark green scarf and concho, dark blue jeans, black western hat, black boots, black belt, Carhartt green jacket with logo, and bill cap with logo.
4. It is the policy of the Douglas County Sheriff's Office that riding helmets be worn by members while on horseback. If a member violates this policy, his/her workers' compensation insurance benefits will be reduced by 25% pursuant to NRS § 616D.280.
5. To become a Qualified Rider within the Posse, you will be given a riding test to determine the abilities of both rider and horse. As a Posse member, you are responsible for any training necessary to bring you and your horse to the skill level needed to participate in the Posse activities that interest you.
6. Horses involved in Posse activities **must** either be geldings or mares. No stallions are allowed. While there are no restrictions as to breeds, no draft horses or mules/donkeys will be allowed.
7. All horses must be in good health and sound.
8. Your horse **must** possess an even temperament and be obedient and trainable. Kicking or biting **will not be tolerated**. Two such infractions will result in expulsion of the horse from future Posse events.
9. Following your probation, it is important for you to continue to participate in the monthly meetings and volunteer as many hours as possible toward Posse training and events.

## LIABILITY WAIVER

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Douglas County Sheriff or his designee is hereby authorized to conduct a limited criminal history background inquiry to determine the existence of any outstanding warrants or criminal history. I understand that my membership into the Douglas County Sheriff's Mounted Posse will be at the discretion of the Douglas County Sheriff or his designee followed by a vote of the DCSMP membership.

The undersigned understands that the training, riding, and all other activities involving horses are potentially dangerous and agrees to indemnify and hold harmless the Douglas County Sheriff's Mounted Posse, their officers and members, Douglas County Sheriff's Department and Douglas County from and against all claims, damages, losses, and expenses arising out of any action, omission, or event which causes bodily injury, illness, death or property damage caused in whole or in part by the applicants participation in events and functions sanctioned by the Douglas County Sheriff's Mounted Posse.

It is the policy of the Douglas County Sheriff's Office that helmets be worn while on horseback. The undersigned understands that if the helmet policy is violated, workers' compensation insurance benefits will be reduced by 25% pursuant to NRS § 616D.280.

The undersigned further understands that the DCSMP and Douglas County are not responsible for injury or death to a member's horse.

Any member under the age of 18 shall provide written permission from a Parent or Legal Guardian to participate in any riding event sanctioned by the Posse

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_